

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 47 OF 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Angie Craig for Congress

Full Name (Last, First, Middle Initial)

Matt Heinz**A.**

Mailing Address 840 S Meyer Ave

City

Tucson

State

AZ

Zip Code

85701-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arizona Inpatient Medicine Associates

Occupation

Hospitalist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		08		2015

Transaction ID : VPFGDGASY00

Amount of Each Receipt this Period

2700.00

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

Actblue**B.**

Mailing Address 366 Summer St

City

Somerville

State

MA

Zip Code

02144-3132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

68279.30

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		13		2015

Transaction ID : VPFGDGASY00E

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Matt Heinz**C.**

Mailing Address 840 S Meyer Ave

City

Tucson

State

AZ

Zip Code

85701-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arizona Inpatient Medicine Associates

Occupation

Hospitalist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		08		2015

Transaction ID : VPFGDGASY18

Amount of Each Receipt this Period

2200.00

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4900.00